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Communications.

ACETIC ACID AS A SOLVENT FOR CLOTS IN THE BLADDER.

(Read before the Wayne Co. Med. Society, July 16, 1867.)

By A. H. Hunt, M.D.,

Of Blachlysville, Wayne County, Ohio.

On the 27th of April, 1867, at 12 o'clock, M., I was called to attend Mr. H. B., æt. 73 years, said to be suffering from retention of urine. Found the patient apparently in great pain, moaning frequently, and gritting his teeth almost constantly; pulse 80 to 85; fair volume, but intermitting about every seventh pulsation; skin moist and warm. Had not voided any urine for twenty-four hours, though the desire to do so was urgent, and frequent attempts had been made. I at once proposed catheterism, as the most reliable means of procuring prompt relief.

A silver catheter was then introduced without difficulty, but no urine flowed. On withdrawing the instrument, found it filled with clots of blood. I repeated this several times, with the same result. I now directed him to be placed in a warm hip-bath, with mustard, and also to have an injection of the same; hoping by this means to relax the sphincters, so that he could urinate spontaneously, if the neck of the bladder was not entirely obstructed. This was done while I returned home for an elastic catheter. On my return I found him feeling much more comfortable. He thought that he passed some water while in the bath, but about this he was doubtless mistaken, and merely felt relief from the relaxing effect of the bath.

I introduced the gum catheter, thrusting it into the bladder with as much force as I thought warrantable, but only succeeded in withdrawing a few clots. I then prescribed tinct. ferri chloridi, in half-drachm doses, to be taken with syrup every three hours, alternately with equal parts of spirits of nitrous ether and fluid extract of hyoscyamus, in small teaspoonful doses; a full dose of Tullie's powder to be given, if the above did not relieve him. There was great tenderness over the region of the bladder, particularly on the right side, extending up the course of the ureter to the right kidney. Directed warm fomentations to be applied, as this relieved the pain to some extent.

April 28th. Remains in about the same condition as yesterday, except that his circulation is perhaps more irregular, though not any more frequent. He passed a restless night, until 2 o'clock, A.M., and made a number of ineffectual efforts to urinate. I now repeated my attempts persistently to evacuate the urine, if any in the bladder, but only succeeded in withdrawing clots, probably from one to two ounces in quantity. I now fitted a syringe to the elastic catheter, and made an effort to draw the blood, or urine through it, but this only filled the instrument. I then reversed it, injecting tepid water. The bladder was so distended, that of course but a small quantity could be introduced, scarcely sufficient to free the instrument.

At my request, Dr. Baker, of Wooster, was called, with whom I saw the patient again in consultation, at 3 o'clock, P.M.; found him suffering considerably from irritative fever; pulse about 100, irregular and intermittent, with constant thirst. His bladder was now greatly distended, its fundus reaching to the umbilicus, and very sensitive to pressure, feeling under the hand like a solid tumor. Dr. Baker brought two large elastic catheters, one of which he desired me to introduce. I did so without difficulty, but on entering the neck of the bladder encountered the same feeling of resistance that I had experienced in the morning. I thrust the instrument boldly forward, but without fully overcoming the resistance. I then requested Dr. Baker to manipulate. He soon withdrew the instrument, the fenestra filled with clots, but it was followed by about a drachm of urine, the first that I had seen, or smelt, (and this latter sense was not to be mistaken). The Doctor then remarked that in two cases where there were large clots in the bladder, he had succeeded in introducing the catheter, by passing it up one side, between the walls of the bladder and the clot. He then passed it in the direction of the left groin. After

passing it upward for some distance the resistance was suddenly overcome, and about three pints of bloody urine were passed, much to the relief of the patient, but still leaving a clot within the bladder, which could easily be felt above the symphysis pubis, as the patient was quite thin. He was now bandaged, and cold water injections ordered every two or three hours, to prevent, if possible, any farther hemorrhage. An unstimulating diet, in the fluid form, was prescribed. As thirst continued, with a coated and at times quite a dry tongue, he was given elm water to drink. Treatment continued, except the ferri was given in smaller doses.

April 29th, 10 o'clock, A.M. Found his bladder greatly distended again; pulse about 100, perspiring; still very thirsty; stomach irritable, apparently rejecting nearly all the nourishment taken. Catheter at first filled with a clot, but upon a second introduction in the direction of yesterday, drew off at first about three ounces of ropy tenacious mucus, followed by three pints of urine, mixed with blood and mucus—alkaline in reaction. There did not appear to have been any recent hemorrhage. But there was still a large clot within the bladder. I now injected three gills of strong apple vinegar and water, in equal parts, and manipulated over the bladder for some minutes, with as much force as the sensitiveness of the parts would admit of. I could very distinctly feel the clot separating from the bladder on the right side. The catheter could now be moved within the bladder more readily. In about fifteen minutes I again evacuated the bladder as completely as possible, making slight pressure over that organ with my hand.

Treatment continued, with the addition of an emulsion of turpentine, 10 drops to the drachm, to be taken with the spirits of nitrous ether, and fluid ext. hyoscyamus, and small portions of sub. carb. bismuth and sulph. morphia, to be taken every two or three hours, if restlessness and vomiting persisted.

April 30th. Saw the patient at 8, A.M. Again drew off three pints of bloody urine, containing a great many small clots and shreds of fibrin. The clot now appears to be pretty thoroughly disintegrated. Continued treatment. As his bladder fills so quickly, and when not relieved of its contents causes so much irritation, I visited him again at 8, P.M., and drew off three pints of bloody urine and muco-purulent matter. Instructed to not permit the patient to get up oftener than two or three times a day, to repeat his fruitless efforts to urinate.

May 1st. Passed a restless night, talking incoherently, and making ineffectual attempts to urinate. Pulse 160; tongue dry; thirst constant; has taken cold by being up when perspiring. The urine more natural in appearance, but slightly tinged with blood, alkaline in reaction, with a strong ammoniacal odor. Bowels torpid; moved by enema of magnesia sulphatis. Treatment continued, except the tinct. of iron.

May 2d. Appears a little better this morning. Has less cough; bowels have been moved; less pain over the region of the bladder; urine acid in reaction. At Dr. Baker's suggestion, prescribed the following:

℞. Nitric and hydrochloric acids, āā f.ʒiss.
Tinct. gent. c., f.ʒj.
Infusion gent. c., f.ʒv. M.

Sig. A tablespoonful three times a day. Other treatment continued. I now have one of the attendants introduce the catheter two or three times a day, in addition to using it myself every morning.

May 3d. The urine is now healthy in appearance, acid, and less in quantity. Resumed the tinct. of ferri in tonic doses.

May 4th and 5th. Remains about "in statu quo."

May 6th. Urine natural in appearance and quantity. Appears to have taken cold again from an exposure nearly similar to the first. Has a little diarrhœa. Treatment continued, with a few portions of pulv. opii, tannic acid, and bismuth, to be taken every three or four hours, if required, to control the diarrhœa.

May 7th. Appears better, expectorates freely, mind more clear, less moaning and incoherent talk. Still has diarrhœa; had an involuntary discharge of both urine and feces last night, but was not unconscious.

May 8th. Patient is better than at any time; passed a good night. His mind is clear, and after having his bladder relieved by the catheter, expressed himself as feeling quite comfortable. The diarrhœa is controlled, and there is no tenderness over the bladder. Circulation 84, and for the first time regular. Added two grains of quinine, to be taken every six hours.

May 9th. This morning I was met at the gate with the intelligence that my patient was much worse. Last evening his nurse found on taking him up that his legs dangled helplessly from his body, and that he was utterly unable to move them, much less to support himself as he had done the day previous. There is paraplegia without loss of sensation. He can move his hands, but they are very tremulous. I now learned that he has had two attacks before; the

last three years ago. The first several years since—the exact time not remembered,—when he was unable to speak or feed himself for two weeks. Pulse 110, small, irregular, and intermittent; coughs but little, though his lungs are evidently fast filling up with mucus. Had an involuntary dejection from the bowels. Added whisky and carbonate of ammonia.

May 10th. Saw him at 9, A.M. Found him sinking slowly; could articulate with difficulty. The urine was alkaline in reaction, small in quantity, and in standing threw down a copious pinkish-white deposit. He continued to sink quietly, and died without a struggle, at 12 o'clock, midnight.

Remarks. This case I regarded as one of idiopathic cystic hæmaturia. The probable immediate exciting cause being retention, the remote or predisposing cause being enervation of the muscles of the bladder, of which the sequelæ became diagnostic. The discharge of purulent matter was also indicative of the action of unhealthy urine in the mucous coat of the bladder When I first saw the patient, it had been several days probably since his bladder had been completely emptied, as he had had difficulty in urinating for several weeks. The pain complained of at first in the region of the right ureter and kidney, can be accounted for, I think, without considering the hemorrhage renal, by the clot blocking up the ureter, and thus retaining the urine in the pelvis of the kidney. Whatever the pathology of the case was or might have been, the first indication was to remove the clot; and I would add my mite of testimony to the efficiency of injections of dilute acetic acid. I think that in this case it had a decided effect in disintegrating the clot.

Experiments with Cow-pox.

M. Depaul thus summarises the results of the experiments with cow pox, conducted by him, from the 12th of April to the end of December, 1866. He writes: 406 children have been inoculated with cow-pox, taken on the third, fourth, fifth and sixth days, from perfectly sound heifers. Out of this number, 123 have evaded our final examination; but we have only had five unsuccessful cases. Inoculation succeeded in 278 children, giving 1228 pustules—being at the rate of 4½ pustules per case. This shows that cow-pox, when taken under good conditions, is at least quite as productive as infantile vaccine.

—— One government alone, says *L'Imparziale*, remains in Europe, and, we may say, in the civilized world, which has not given in its adhesion to the treaty of Geneva for the treatment of the wounded in war. This exception is the Papal Government.

THE RATE OF MOVEMENT OF THE SOFT SOLID AND LIQUID OF THE BLOOD.

By Prof. Rufus King Browne, M. D.

Late Professor of Physiology in N. Y. Med. College.

In 1861, while making some experiments, in a series of lectures on the circulation, I was struck with the fact, that the red globules pursue the round of the circulation at a very different rate, from the plasma. The first observation which induced this conviction, was that under the microscope some globules may occasionally be seen to await the precedence of others. This fact could not be made to accord with the supposition that the globules were simply borne along at the rate of flow of the plasma. That the part of the plasma, corresponding to the line of the waiting globule, continuous with the whole volume, should hold back and restrain the globule, and participate in the rate of flow of parts beside and continuous with it, was wholly impossible to be reconciled with the ordinary supposition that the globules and plasma moved at the same rate. So, too, other similar facts, as for example the fact of the undue accumulation of red globules in the capillaries of particular regions, could not be explained on the ordinary belief. In order to understand this latter phenomenon we must assume as fact, either that the plasma can advance and leave behind the globules in a state of accumulation, or that the globules are capable of advancing at a far more rapid rate, and do themselves accumulate in particular parts. In reality, to explain the phenomenon, we must regard one or the other as *facts*.

It was not until the last winter, however, that I was enabled to assure myself of the exact truth of the case.

The entire column or stream of blood, it is universally believed, moves at a rate—which is the same for all the contents of the bloodvessels, in any given section of the bloodvessels, during any given time. The soft solid bodies being borne along and moved by the plasma. But in reality the red corpuscles move in the fluid and through it at a much more rapid rate than the plasma. It is on this, as an acknowledged fact, that we can explain the great difference in particular sections of the vascular system of the marked variation in the proportions there of the plasma and globules, as for example in the capillaries of the lungs. First, in those portions of the blood channels, as the veins, which cannot of themselves act, to forward the whole *column* of blood, as in the arteries, a far larger proportion of red

globules to plasma in a given measure can be found. This is regularly the case; and is due to the fact, that there is a comparative accumulation of the red-globules in the veins, causing a retarded or slow movement as compared with their free progress in the arteries. This retardation can only be relieved by some accelerating force at the cardiac side of the column of venous blood. As successive portions reach the venous side cavities of the heart, and their passage into the pulmonary capillaries is accelerated by the ventricular impulse, the globules resume their usual rapid rate of flow. Between the heart and these capillaries, the unequal proportion of globules to plasma, or the excess of globules, causes the pulmonary capillaries to be crowded with them, to the comparative exclusion of the plasma.

As the globules push forward at a much more rapid rate than at the section of accumulation, through the pulmonary circuit, into the arterial cavities of the heart, the new impulse of their contraction greatly accelerates the flow of the plasma as well as red corpuscles. As a necessary consequence of the comparative accumulation of globules in advance of the arterial part of the circuit, the plasma has been retarded in the smaller arteries and capillaries, and its proportion to globules, nearly the reverse of that in the veins; but with the impulse of the heart, the volume of plasma from the cardiac to nearest the smaller arteries, has an increased rate of flow, over that still nearer the capillary system.

There are, therefore, three distinct stages of the circulation dependent on a difference in the rapidity of flow between the liquid and soft solid elements of the blood.

One in the arterial cavities near the heart, in which the blood corpuscles are fewest in proportion to the volume of plasma. It is here and at this stage, that the great disproportion between the two, up to the arterial side of the heart, has not yet been, but is being equalized by the rapid advance of the corpuscles through the plasma. This disproportion continues up to the left ventricle, when it begins to be overcome by the more rapid advance, compared to the plasma, of the corpuscles, tending to distribute them equally through the columns of fluid. Throughout this part of the system there is no accumulation of globules, and no impeding influence upon them, consequent upon it. But the rapidity of the flow of plasma slightly decreases for the liquid, from the heart toward the capillaries.

The second stage is in the capillaries, where the rate of passage of the plasma is further lowered, and that of the globules continues the same. This continues until the globules reach the venous auricles, a point at which the accumulation nearest the arterial side of the heart commences. But the accumulation already exists from this point on to the venous side of the heart. This accumulation is due to the constantly existing rapid flow or progress of the globules over the rate of the plasma, and is to be understood when we give due attention to the fact that the blood is an endless column, no part of which is a terminus, a beginning and end, and further, that the arterial flow is also an endless movement, which, though variable in the parts of a continuous rate, has no moment of commencing, and no moment or time of ending. Nor is this a complete statement of the necessary element of understanding the case, for as the entire, endless flow or movement has no beginning or end, *none* of the parts of the movement has a beginning and end, or moment when the flow, having ceased, begins, and when ceasing, it ends. In the veins, therefore, the globules regularly have accumulated. They occupy the calibre of the vessels with a very small proportion of plasma, which cannot flow past, nor in a continuous stream through them. Their position is now in advance of the continuous stream of plasma, of which they take a gained precedence. At the same time, at the cardiac end of the venous system, the volume of blood is leaving it, to pour into the venous cavities of the heart. This is taking place at the cardiac end of what we may call the accumulated column.

The conditions here are a greatly disproportioned quantity of globules. They cannot be carried forward in this space by the plasma, which cannot gain on them, but is nearly quiescent. But simultaneously, the venous ventricle impels each of its charges forward by contraction, and the disproportion of the red globules is necessarily maintained through the capillaries of the pulmonary circuit. A new impulse is given to the whole, but the red globules again move at a more rapid rate.

In the lung circuit, or pulmonary artery and its capillaries, globules renew from the cardiac side, and increase their rate of speed in the same disproportion to plasma. They, almost alone, always crowd the capillaries of the air-vesicles, which accounts for the uniformly observed fact, that they are far more numerous here in a given space, than in the arterial system or the capillaries elsewhere.

Turning into the arterial cavities, the flow of the plasma being at the lowest rate, and in fact dependent, in part, for that rate, upon the glob-

ules pushing forward, is accelerated by the heart push or pressure, from which point it again declines in rate outward, while the globules, having moved through it, become more equally proportioned to the plasma by distribution. There is, therefore, a difference of rate of speed for the fluid blood and for the cell-like elements. Nor is the rate of either uniform throughout the flow. There is, in different parts of the circuit, a difference in rate of the plasma, and a difference in rate of the globules. Acceleration of the latter supervenes on the cardiac impulse on its lowest rate of passage, and the decline of rate immediately supervenes on the accelerating impulse, a continuous gradation of movement. The lowest rate of both nearly coincides in the veins. Here the quantity or proportion of each greatly differs from that in the arteries, for the red globules are enormously in excess, in consequence of their rapid progress through the plasma. In no two parts of the system is there, however, any uniformity in the proportion of the soft-solid and liquid parts of the blood.

Though there is no point of beginning or ending for either the column of blood, nor time of beginning nor ending of the variations in its rate, yet there is a moment when the blood is *stayed* on the venous side of the heart, namely, when the contraction of the venous auricle last preceding the systole of the ventricle occurs; and there is also a moment midway of the column, when the column receives a new impulse in the form of a push. Last preceding this, there is likewise a moment when the column is divided at the auriculo-ventricular line, the heart, being collapsed, and no interposing force is exerted. The latter is longer than the first, for the division or separation continues until the venous cavity has time to fill and contract. The regular recurrence of this moment of separation and lapse of cardiac pressure, has effects which we cannot yet estimate, from defects of observation. We can only say that there is a part of the venous hollow which collapses and contains no blood, thus making a hiatus or hyphen in the column. This collapse must change to an open state and fill the space. But up to this time the column is divided until the pulmonary valves open and a charge passes through them, and simultaneously with this reaction of the column at that point, it is divided behind at the auriculo-ventricular valve which operates between the emptying cavity and the *back* column.

It appears to me plain that these facts, although I do not at present suggest all their applications, explain many morbid conditions, the obvious effect of which is evident in the accumulation of globules, and the consequent staying of advance of the globules and flow of the plasma. Under these conditions the plasma must transude through capillary walls, and collecting there, cause the nidus of abscesses, etc. But of these applications we must say something in another paper.

There can be no doubt, that the column of plasma, were the rate of the globules no faster than its own rate, would bear them along at the latter rate and not permit them to fall behind, in virtue of the fact, that a stream of fluid will carry particles along at its own rate, where they are not caught or arrested by any projection in the stream. Hence, the circumstance we named awhile before, which might, through a mistake, be adduced as explaining retardation of motion of the globules could never exist, because if the red globules tended to move slower than the *plasma*, the plasma itself would necessarily and inevitably carry them forward at its own rate, effectually precluding their accumulation by their retarded movement, the plasma leaving behind or gaining on them. Hence, also in observing the slow, and for the instant, delayed movement of the globule back of those in advance two rows, entering the same capillary, and measuring the rate of the whole blood, by the movement of the globule, we suppose the two concurrent capillary streams, tending into a third, to be moving at different rates, but in reality the movement of the fluid portion is the same in either, but in one the red globules are faster than the other, taking precedence. This often observed incident proves that the globules have a motion not all alike, as generally supposed, being moved by the fluid column, but in reality have a movement through that column, each for itself.

The reason why there is relatively a small proportion of globules in the capillaries, is because of the enormously greater channel space in the latter than in the arteries. As they move forward to the veins, they again are limited to the greatly diminished space, and must necessarily *accumulate* and impede each other. In fact this regular difference in the relative proportion of plasma and red globules, *implies* the fact, that the one moves at a very different rate from the other. It could never occur if the globules are passive, thin, or inert bodies, moved along by the plasma, being in fact propelled by it.

—— Dr. J. Letterman, formerly Medical Director of the Army of the Potomac, is one of the candidates for Coroner of San Francisco.

HERNIA: ITS PATHOLOGY AND TREATMENT.

By E. P. Banning, M. D.,
Of New York.

[Concluded from p. 209.]

Of Anal Hernia, (or Piles and Prolapsus Ani.)

Various, and in the main, ineffective have been the treatments of these most depressing maladies. Of the primary pathology of these affections, as based on an undue gravitation of the abdominal organs upon the hemorrhoidal veins at the sigmoid flexion of the colon, we have spoken, in the July numbers of the Reporter for 1866. We then showed that the result of such a pressure would be to induce constipation, by mechanically obstructing or retarding the descent of the feces into the rectum. Second, to induce general torpor in the first passages, through a loss of the stimulus of a normal upward pressure of the abdominal viscera. Third, by a direct compression of the hemorrhoidal veins, to induce joint constipation and enlargement of the rectal veins; and, lastly, by the strong expulsive efforts necessary in defecation, to induce both hemorrhoidal tumors and prolapsus ani.

In these papers we also showed, that by *perfect* abdominal and spinal support, these visceral bearings would be corrected, the blockading compression upon the rectum and its veins removed, the normal activity of the primæ viæ restored, and constipation and hemorrhoids accordingly relieved.

But where constipation, diarrhœa, and hemorrhoids, have existed too long, and the tone of the anus has become too much broken-down by continual stress, then prolapsus ani and hemorrhoidal tumors may often continue, even though the primary cause be removed. In truth, it is common to meet with so perfect a relaxation of the sphincter ani, that one moment's vertical posture is sufficient to induce a descent, and an eversion of the rectum, of the size and appearance of an enormous rose. This state of things we found extensively in the army, and was largely the result of excessive endurance under the pressure of heavy accoutrements upon the shoulders and abdomen.

Curative indications in the premises are plain, viz. First, to correct the general trunkal relations and visceral bearing toward the inferior colon, by means of the abdominal and spinal shoulder-brace, as before elucidated in previous papers. Second, to apply a spring support to the anus. This is accomplished by means of what we denominate the pile-spring, which is attached to the rear bar of the brace. Its distal end is armed with a self-adjusting and sliding ball, which sits upon the anus with a rolling or "universal motion," and is in no danger of traction or slipping, on flexing the body. In order to the more *specific* pressure, and the greater amount of support to the anus with the least requisite force, the ball should be as small as possible, without its penetrating the anus. As a sedative in case of much irritability of the parts, we cover the ball with sheet lead, and when there exists a necessity for local medication, it is convenient to spread the remedy upon soft linen, and let the ball press and hold it upon the anus. Ordinarily, a mixture of equal parts of tar and mutton suet has a happy effect.

Cases. Whilst testing this plan in the City Point Hospital in April, 1865, A. A. Surg. Brainard presented at our quarters two soldiers in the following condition, viz., Had been reduced by chronic diarrhœa, were emaciated and exceedingly feeble. Diarrhœa was followed by hemorrhoidal tumors and daily hemorrhage in the case of one, and by hemorrhage and extreme prolapsus ani in that of the other. Their systems seemed to be nearly ensanguined; appetite destroyed, and aliment passed in an undigested state. To these cases the abdominal and spinal shoulder-brace, with the prolapsus ani spring and ball, was applied. On the evening of the same day, Surgeon B. reported both the men to be "looking and acting better," and had relished some light supper. In the space of a few days, their complexions were improved, and they were placed on hospital duty. In the language of the surgeon, "the result was marvellous." We let these cases suffice, but might continue to quote at great length.

But among the benefits of making abdominal support a basis principle in hernial and hemorrhoidal trusses, that of preventing and relieving chronic diarrhœa, as a concomitant or a distinct malady, especially in armies, stands prominent, and is beyond value. But as want of space prevents our elaborating this point, we must refer to our paper on that subject, in the July 28th, and Aug. 11th, 1866, numbers of the Reporter, only stopping to earnestly recommend the profession to give this point their patient consideration.

Thus, then, is it not plain, that in our plan we have at once a spinal and abdominal support, a uterine repositor, and an inguinal, femoral, umbilical, and anal truss, either separately, or combined in one and the same arrangement, each

part acting independently of the other, and all in reciprocal harmony; and that, with no inconvenience to any part of the wearer—a desideratum in practice. Thus much for theory, and we now proceed to consider

The Demonstration. Fortunately for perspicuity on this point, the demonstration has not been private, but public and official. Our plan having, by official orders, been tested two years, in eighty-one of our army hospitals, and in the field; but, out of the multitude of reports upon the result, made by surgeons in charge and by special army boards, we give only the subjoined, as being fairly representative:

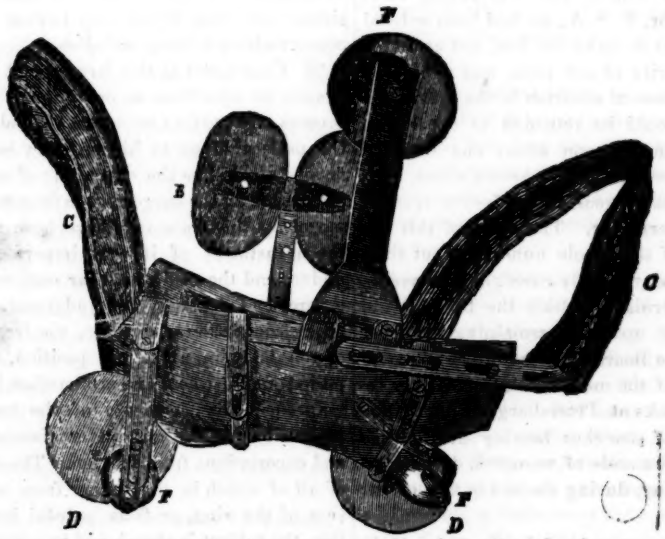
The first of these, from Surgeon D. W. BLISS, (a surgical expert) in charge at Armory Square, Washington, will command the highest consideration from the fact, that five months elapsed between his first and second reports.

"SIR: Upon careful examination of the instrument, I was impressed with its principle of abdominal support, which relieves the abdominal parietes of much of the weight of the viscera, thereby lessening the amount of pressure required to occlude the ring and retain the gut.

I consented to the application of nine supporters with hernial attachment, upon patients presenting a variety of hernias, with complications, five of which were very intractable, and failed to be retained comfortably, by any kind of truss I had heretofore been able to procure. The patients have now worn the apparatus for more than one week, and have been placed upon laborious duty, and directed to exercise freely and violently, so as to demonstrate fully the power and capacity of the instrument under the most adverse circumstances. I have to day carefully examined each case, and find the instruments perfectly comfortable to the patients, without any tendency to displacement, or to induce undue pressure or friction at any point. The ring is rendered patent, and the gut retained with much less pressure than by the ordinary truss; and, in two cases which presented symptoms of an early protrusion of the intestines on the opposite side, they were entirely relieved by the support to the abdomen, derived from the brace, and I have reason to believe, thereby preventing a double hernia.

Among the many advantages of the brace truss over any other style I have applied or ex-

FIG. 13.



External and frontal view of Brace Truss for Diarrhœa, Prolapsus Ani, and Inguinal, Umbilical and Femoral Hernia, separately or combined.

A A. **Supporting abdominal plate, armed with hernial balls, which by slides and set screws are immovable, out, in, upon, down, and also to increase or diminish inguinal pressure at pleasure, without the necessity of increasing or diminishing the abdominal support.**

D D. **Counter supports to the glutei muscles.**

C C. **Arches of the main-spring, setting firmly above and inside of the crestæ illi.**

B B. **Dorso-lumbar supports on either side of the spine.**

F F. **Adjustable spring supports for femoral and inguinal hernia, armed with a round ball, just fitting the femoral ring—maintaining its position by means of an automatic slide, and a universal or rotary motion.**

E. **Adjustable plate and ball for umbilical hernia.**

Each part of these instruments is readily attached or detached at pleasure.

amined, are the following: 1st. By means of the elevation and support of the viscera, they hold the hernia more easily and securely. 2d. The pressure upon the ring may be graduated by a set screw, without diminishing the abdominal support. 3d. While retaining one hernia, they, by support of the abdominal viscera, prevent another on the opposite side. 4th. They make no pressure upon the sacrum as in the case of the ordinary truss, all opposing pressure being on the fleshy glutei. 5th. By passing above and inside the crestæ illii it is not displaced, nor does it produce unpleasant pressure upon the illium, like the ordinary truss, when the patient takes the recumbent posture. 6th. The apparatus is cool, light, and easy of adjustment after being once well applied. 7th. Being perfect in its mechanical adaptation, free from the friction and unnecessary power required in the use of the ordinary truss, to render patent the inguinal opening, it is less destructible."

In his second special report to Medical Director Abbott, issued five months afterward, Dr. Bliss gives additional testimony to the value of this method of treating hernia.

The next is the report of a special Board of investigation, appointed by the chief medical officer at City Point, Va., whither, at the recommendation of Bvt.-Brig.-Gen. Satterlee, Chief Medical Purveyor, U. S. A., we had been ordered to report in order to make the final test as to the comparative merits of our plan, and also as to whether by its *general* adoption in the army, ruptured soldiers could be returned to the ranks. This test was made upon about one hundred soldiers who were disabled by hernia alone, most of whom were then wearing ineffective trusses, supplied by government. The result of this test was, that out of the whole number, about sixty per cent. were so radically cured, as to leave no trace of any hernia on which the Board could report, and that upon the remaining forty per cent of them, the Board reported the result to be perfect. Most of the men having been either returned to the ranks at Petersburg, or put to the trying service of stretcher bearing, at the time when several thousands of wounded, dying, and dead were arriving, during the last battles of the rebellion.

Extract from Report ordered by the Chief Medical Officer.

"Sir: * * * * In the cases of different varieties of hernia, of which a list is appended, the general favorable result of its application was beyond question, and in comparison with the trusses in common use, Dr. Banning's is considered infinitely superior. In every case where the use of the truss has been recommended by the Board, the hernia has been distinctly apparent, before the application of the instrument and after its removal. But while in proper position, in every case, and under all circumstances, the intestine has been retained in its proper cavity, even during the performance of the ordinary duties of hospital labor, such as those of nurse, stretcher-bearer, etc.

Many of the cases presented to the Board for examination were rejected, and do not appear on the following lists, by reason of no hernia being actually perceptible, nor could such be produced at the time of examination. At the same time, however, the board cannot safely declare, that no hernia existed when the truss was originally applied, the testimony of the patients generally going to attest the fact."

[Signed] W. O. McDonald,
Surg. U. S. Vols.
[Signed] W. L. Faxon,
Surg. 32d Mass. Vols.
[Signed] C. A. McCall,
Ass't Surg. U. S. A., *Recorder.*

Other Considerations on the Subject.

But besides a defective pathology and a consequent defective construction of trusses, there are other reasons for only a *partial* success in the treatment of hernia.

1st. It is a strange but notorious fact, that as a rule, the profession have ranked the subject of hernia altogether below its proper grade, in point of importance; especially so, in view of the persistent attention which they bestow upon other comparatively trifling maladies.

2d Contingent to this fact (except in case of a chance for eclat from an operation), the summary process of "putting on a truss" and dismissing the patient to go to his ordinary labor, is performed much like the extracting of a tooth, and the case is by the surgeon soon forgotten. In the meantime the truss may have been a poor one; the adjustment of it very imperfect, its force undue, and the case a peculiar one, requiring the excercise of dexterity and judgment. But above all, in connection with these, the free exercising of the body in a vertical position, during the period of adjustment and acclimation, is calculated to produce displacements of the truss, partial protrusions of the gut under visceral pressure, and excoriations from friction. The consequence of all of which is, that either from a new occlusion of the ring, or from painful incompatibilities, the subject is abandoned to a total or a partial failure; and so the treatment of hernia by trusses, has in the mind of the profession gradually assumed the mixed form of discouragement and disgust.

This is no vague statement, but one that was demonstrated upon the grandest scale in the U. S. Army. During the time we spent at the front, under authority from the present Surgeon General, the question was, "Can the Banning truss, restore ruptured soldiers to the ranks?" During this

time, we were in contact with hundreds of surgeons, and not one among them all expressed the least faith, that anything "effective and comfortable," could be done.

And yet, as has been seen, on assuming the entire control of about one hundred men at City Point, and compelling them to report daily, (and even hourly in some cases,) within ten days, every one of those were as able to return to the ranks as any others. (See above report of the Board). Those who were not returned, were put to the more arduous duty of stretcher-bearing.

What then is the sum? simply this, that every hernia, like a fracture, is a specific and *positive* lesion, of a serious and often fatal character, and requires a persistent and specific treatment until cured or abandoned.

Suggestions for the Consideration of Civil and Military Hospitals.

1st. In civil, and particularly in *military* hospitals, there should be instituted a DISTINCT DEPARTMENT OF HERNIA, with EXCLUSIVE HERNIA WARDS, where all cases of prolapsus ani, hemorrhoids, varicocele and the varieties of hernia, should be detained until either *cured*, *protected*, or abandoned.

2d. The patients in these wards should be under the charge of one only and the same surgeon.

3d. The surgeons of such wards should not only be generally scientific, but reputed as *common sense geniuses and experts*, who have an enthusiasm for this department, and who have taken some lessons from men of experience, in our plan, and would feel annoyed at the occurrence of *one failure*, under their hands.

4th. The patients, at the *first* should be quiet, and inspected hourly, or, at least, as often as the slightest defect in effectiveness and incompatibility is apparent. Next when protection under *quiet* is attained, then the subject should be graduated to violent exercises, in all positions of the body. Attempting this too early, may embarrass the progress.

Were such a systematic course to be pursued (as was demonstrated by my stay at City Point,) more than eight-tenths of the hernia cases could within ten days be returned to the ranks of an active campaign; and above all, to the full use of their physical powers, in *their own* service. So completely was this point demonstrated, by the reports of the special Board (Dr. BLISS and others,) that it was concluded to make hernia a distinct department, under the working of the above suggestions. But, unfortunately for thousands of ruptured soldiers, (and also for the writer), this demonstration came too late, as this conclusion was immediately followed by a rapid disbandment of the army. But were the above suggestions to be fully carried out in all the vast standing armies of our country, and of Europe, what an immense number of men would be saved to the service, and what flood-gates of individual suffering and want would be closed in consequence.

LIGATION OF THE COMMON CAROTID.

By H. WARDNER, M. D.,
Of Cairo, Illinois.

Adolph Bion, an artillery soldier, while stationed at Corinth, Miss., in August, 1862, received an incised wound in the right side of the neck, from the sharp edge of a heavy piece of glass (the bottom of a brandy bottle), opening the external carotid near the bifurcation. The accident occurred about six o'clock, P. M. The hemorrhage was very profuse, but was partially checked by a compress and roller wound several times *around* the neck by some representative of the medical staff who chanced to be present, and by syncope, which succeeded each fresh outburst of blood.

I saw the patient about 9½ o'clock the same evening. He was lying in the open air upon the ground, his face, lips, and tongue entirely bloodless, his wrist almost entirely pulseless, and he was incapable of answering any questions. Fresh arterial blood was continually escaping from under the dressings.

I immediately cut away the bandage, and removed a large clot which had formed in the wound, and which was pressing upon the trachea so that he breathed with difficulty. His breathing was instantly relieved. There was a sudden gush of blood which had been accumulating in the wound and areolar tissue. The common carotid was then compressed with my thumb, and held for one hour, when he opened his eyes, and I noticed a little, very little, color returning to the lips. He asked for water, which was given him. After another hour, I placed a hard roller upon the artery, instead of my thumb, and held it in its position by laying one end of a stick of wood upon it. A man was stationed on each side of him, with strict orders not to allow him to move a muscle until morning.

(There were two reasons for not ligating the artery at once. 1st. It did not appear possible that the man could revive; and, 2d. There was but one solitary candle at hand, which but little

more than made visible the intense darkness of a very cloudy, moonless night.)

At 8, A. M., I was notified that the man was alive and feeling well, and that he had not stirred a hand or foot. A half-hour later, I was again notified that in attempting to urinate, he had moved his head a little, when the blood gushed out again. In a few moments I was at the spot, ready to apply the ligature. He had fainted, and the moment was seized to take up the common carotid, which was tied just above the omo-hyoid. The vessel was not tied above the wound. No further hemorrhage occurred at the time, and under a careful diet he slowly recovered. The ligature came away on the eleventh day. At the expiration of five weeks he was able to walk a few rods with help. During the sixth week, it became necessary to remove him about one mile, to the Central Hospital. He was taken in an army baggage-wagon, which was driven half the distance over a very rough corduroy road. The ride wearied him and caused a good deal of arterial excitement, with tendency to congestion of the head. During the following night he had an attack of hemorrhage from the wound, which had not entirely closed, which returned during the three succeeding nights. A tent was introduced and pushed to the bottom of the wound, and then saturated with the solution of the persulphate of iron, and allowed to remain until it was discharged by suppuration. He was treated with veratrum viride, and kept on a low diet. The hemorrhage did not return. He slowly recovered, was discharged from service, and is now in business connected with a firm in St. Louis.

Structure and Functions of Gland-Cells.

Professor J. H. Salisbury, of Cleveland, Ohio, communicates to the *American Journal of Medical Sciences* observations on rheumatism in connection with the structure and function of parent gland-cells He says that each individual parent gland-cell has all the elements of an independent organism, possessing a vitality independent of that of the systemic life. Each cell feeds, digests its food, assimilates it, grows, organizes, and eliminates. In its normal condition it organizes those cell, and filamentous, and other products that are needed for the physiological tissues. When its food is imperfect, its processes of digestion, assimilation, and organization become deranged, and pathological products are the result. These pathological products vary with the varying conditions. He distinguishes four or more types of rheumatism, viz., 1. Lithic rheumatism. 2. Oxalic rheumatism. 3. Cystine rheumatism. 4. Phosphatic rheumatism. The causes which, under certain conditions, produce the various forms of rheumatism, under other circumstances result in a variety of mental, paralytic, and neuralgic disturbances.

Hospital Reports.

Pennsylvania Hospital,
March 13th, 1867.

Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

Pleurisy—Paracentesis.

Michael L., æt. 28. This case, which was introduced into the hospital prior to Dr. Da Costa taking charge of the wards, was one of pleuro-pneumonia, with a good deal of constitutional depression and which terminated in considerable effusion.

With reference to the treatment, his kidneys have always been freely acted upon, and have always responded to the treatment. For a time the effusion rapidly diminished under the use of the tonic diuretic, the ammonio-chloride of iron in solution, aided by repeated blistering over the lung. Lately, however, not only has his improvement stopped, but the effusion is again gaining. Since the first of the month a considerable increase has been noticed in the amount of the fluid. The tonic diuretic, which had improved his general health at the same time it seemed to be carrying off the fluid from the pleural sac, no longer proving efficient, was stopped. The nourishing diet and counter-irritation of the chest by means of the blister were continued and he was given five grains of iodide of potassium three times a day.

The right side of the chest looks more dilated than the left, and it scarcely rises during the act of breathing, the left side clearly performing a good deal more action and more of the function of respiration than the right. The right shoulder is higher than the left. The right side of the chest, measured an inch and a half below the nipple, gives eighteen and five-eighths inches: the left seventeen and three-eighths inches. The right nipple is from three-fourths of an inch to an inch higher than the left. The intercostal spaces are effaced on the right side.

Percussion yields good pulmonary resonance on the left side from the apex down. On the right side there is slight pulmonary resonance, only of a higher pitch, with an approach to a tympanitic sound, down to the second rib; below which there is most marked flatness anteriorly. Posteriorly, on the right side, there is the same general want of resonance, although marked dulness does not begin higher than an inch and a half above the angle of the scapula. The line of marked dulness is therefore higher anteriorly than posteriorly. Below the line of marked dulness posteriorly on the right side respiration is almost absent, as it is anteriorly, excepting at the second rib, where there is distinct bronchial blowing. The vocal vibrations are very deficient, scarcely perceptible on the right side, whereas they are distinct on the healthy side. When there is present increased size of the chest, with marked dulness on percussion, with absent or very feeble respiration, and absent or very feeble vocal fremi-

tus, it is certain that there is a large pleuritic effusion present, which is the case here.

He is now being treated with iodide of potassium, five grains three times a day. The effusion has not gained since that treatment was begun, if anything it has a little diminished. The dose of iodide of potassium will be increased to ten grains three times a day. The kidneys are acting freely under the infusion of juniper. To still further promote the absorption the following ointment will be used.

℞. Hydrargyri chloridi corros., gr. iv.
Potassii iodidi, ℥ij.
Adipis, ℥j. M.
Frat ung.

A piece of this the size of the end of the thumb will be rubbed over the chest night and morning.

If this treatment does not succeed after two or three weeks trial, then the patient will be unhesitatingly tapped. Dr. DA COSTA's rule of action in such cases is very simple—so long as the patient is improving, so long as accurate physical examinations show the level of the fluid to be decreasing and the man's general health also improving, do not tap. It may be a slower means of cure to trust to the absorbent effect of medicines, but it is safer. Just as soon however, as the case is stationary, so soon as the fluid is not found to be diminishing and the patient is observed to be getting pale, with a disposition to sweat, instantly tap. It is very much better to let out the fluid at once than to leave it there and have it changed into pus.

April 17th. After the treatment which was instituted at the last clinic this patient was before the class, March 13th, viz., iodide of potassium increased to ten grains three times a day, and the use of an ointment containing four grains of corrosive sublimate and two drachms of iodide of potassium to the ounce, the man improved for a time, but lately the effusion has again gained. Moreover, strange to say, the ointment produced a mercurial impression on him, a slight fetor of the breath, some salivation and some sponginess of the gums. It was suspended, having had little influence on the effusion. His general health failed at that time and his digestion suffered. Since then he has almost if not wholly regained what he had lost, but the absorbing effect expected from the treatment has not been produced. Therefore, having tried fairly every remedy which promised well, no choice is left in a case of this kind. Medical means failing to get rid of the fluid, resort must be had to surgical interference.

The chest is very much dilated on the right side, measuring on the 12th inst., 1½ inches below the nipple, 19 inches, whereas on the left side, the measurement was 17⅞ inches. The intercostal spaces are prominent on the right side but without any evident fluctation, nor, excepting at the upper portion of the lung, does there appear to be anything that could positively be called bulging. The chest on the right side 1½ inches below the nipple, measures to-day 19⅛ inches, having increased three-eighths of an inch since the 12th inst., and three-fourths of an inch since March 13th. Auscultation shows a murmur perceptible though feeble, to about an inch below the nipple on the right side, but from that down no respiratory sound is perceived, though the heart's action is heard and a systolic murmur distinctly noticed. Posteriorly on the right side a respiratory murmur though faint, interspersed with friction phenomena, may be heard almost to the lowest portions of the chest, and even low down a slight crackling sound is perceived. But the greatest intensity of respiratory murmur with the most prolonged expiration and most of bronchial sound intermixed, is perceived anteriorly over the upper portion of the right lung as far as the third interspace, particularly in the second interspace, the nipple here being in the fourth. Percussion on the right side anteriorly is everywhere flat from the clavicle down, it seeming dullest and there being more resistance at the lower than at the upper part of the chest. In the first two intercostal spaces anteriorly the percussion, though dull, is mixed with some tympanitic character. Posteriorly, the same difference is observed between the two sides. There is a good deal of harshness of sound on the left side, with some râles about the middle of the left lung anteriorly. A few râles and harsh breathing are also perceived in parts over the lower portion of the left lung, but the left apex is healthy, the vesicular murmur there being normal, and a very slight expiration only perceived. The dulness of the liver extends further downward than normal, about one and a half inches below the margin of the ribs. That organ is therefore displaced downward.

Why should this patient be tapped? And if tapped, is the result a certain one, certain in withdrawing the fluid in the first place, and certain in its ultimate consequences?

Tapping should be resorted to because there is fluid present, and medical means will not get rid of it. Operative interference should not be rashly urged; it has not been done so here, every medical means has been tried first. When in cases of pleurisy the effusion remains chronic in spite of treatment steadily pursued, it is the duty of the practitioner to let out the fluid, because the danger of the operation is very slight compared with that of leaving the fluid there. But will the operation certainly succeed? Not necessarily. The thick adhesions in this case present a difficulty, and may render it possible that when the trocar is introduced the first attempt will not obtain fluid. Again the operation will not necessarily succeed in this case because, with the signs present on the left lung and with the pleurisy on the right side, it is probable that there is a tubercular complication, experience having shown that pleurisy on the right side is more frequently associated with tubercular complication than on the left. But under these circumstances the operation is justifiable, because it will give the man a far better chance of improving.

It is not necessary to enter into a history of this operation, to show how it was followed and abandoned from time to time, and how, finally, the medical mind has settled down into a belief in its utility. The operation is as old as HIPPOCRATES, only in former times it was done by the clumsy process of breaking through a rib, and

letting out the fluid thus. Then there arose the process of cutting into the intercostal spaces with the knife, and so giving vent to the fluid. The danger of the operation thus performed, led to its almost total abandonment. Here and there a physician would lift up his voice and urge the surgeon to perform it, but the surgeon, knowing how uncertain was the operation, believing in the great likelihood of air getting into the pleura, would generally refuse. This was very much the condition of things until the trocar was introduced. It was found that when its use was applied to the chest, it gave as good, if not better, results than when applied to the tapping of the abdomen. This history of the operation by means of the trocar does not date very far back. There are men still living who can recollect when the question was agitated, of substituting for the knife the trocar, in the operation of paracentesis. And it appears by recent observations, that if air does get into the chest, it does not do very much harm, and therefore, this objection to the operation has been proved by absolute experience to have little foundation.

Another objection urged against the operation is, that if the man be tapped, and no fluid obtained, which is quite conceivably possible, and may well happen, the man is made worse. Dr. Bowditch tapped a man five times, only succeeding in obtaining fluid on the fifth operation. The man did not die, but got well.

The mere fact that there is danger of meeting with adhesions, is no real objection to the operation. All this presupposes that the physician is sure of what he is doing, that he is confident enough of his opinion to be aware that there exists fluid and adhesions, and is not merely tapping the chest because it appears dull on percussion, and is thought, on a superficial examination, to contain fluid. It should be remembered, that it requires skill in the recognition of disease to be certain of the presence of a pleuritic effusion.

There being, in this case, a strong possibility that there exists a tubercular element, it may be asked, should this prevent tapping? No, for what harm can we do to let out the fluid, removing a source of irritation and giving the lung an opportunity to expand?

It remains merely before the performance of the operation to discuss two points. In the first place, to call attention to some of the facts which make the diagnosis here a certainty; and in the second place, to ascertain whether it will be possible in advance to say what the character of the fluid is that will be obtained.

The man is constitutionally in a much better condition than he was a week ago, but there is the same flatness on percussion over the whole right side of the chest. When he speaks, there is a distinct vibration on the healthy side, and an absence of vibration on the side where there is effusion, although a slight vocal fremitus is perceived over the upper portion of the right side. The right side of the chest, one and a half inches below the nipple, measures 19⅛ inches to-day, the same as a week ago.

These symptoms of dilated chest, with absent vocal vibration, and with such dulness on percussion, do not belong to any affection except chronic pleurisy. Could not a tumor within the chest, or an enlarged liver, give these phenomena? Enlargement of the liver could not extend up to the clavicle, so that is out of the question in this case. Although an enlarged liver might press upward to a great extent, yet above that the respiration would be distinct, and the vocal vibration intense, and, indeed, both might be even harsher than in the natural condition.

The question of a tumor is not so easily set at rest. A thoracic tumor, cancerous in particular, does give rise to marked percussion dulness. But it is in the highest degree unlikely that a tumor in the chest should give dulness on percussion, with absent breathing confined to one side. Such a growth would spread under the mediastinum, and in part give the same phenomena on the other side. Moreover, a tumor gives rise to irregular percussion dulness, there are spots of dulness rather than uniform dulness, as is here found.

Emphysema and pneumo-thorax both cause considerable dilatation of the chest, but they do not occasion flatness on percussion, but on the contrary, increased clearness. Percussion sets at rest the supposition of emphysema and pneumo-thorax. If the affection were on the left side, it might be necessary to discuss whether or not it was a distended pericardium, but being an the right side, such a discussion would be here out of place.

Is it possible to know beforehand what kind of fluid will be obtained, whether or not it is purulent? for if it were known to be purulent, there could be no question as to the necessity of the operation, even if doubts had existed before. Unfortunately, this cannot be decided positively. The more Dr. Da Costa has studied this question in the light of clinical experience, the more reluctantly he has been forced to the conclusion that it is impossible to say whether pus or serum will be found. If a very high temperature and a decided febrile movement were found in the morning and evening, it would probably be significant of pus in the chest. Dr. Da Costa is studying this point by observations which are not yet sufficient to warrant him in framing a positive law. Observations taken in this case do not indicate a very high degree of temperature.

Examining once more the left, the supposed healthy lung, there is found to exist still some modification of the vesicular murmur at the upper portion, and some harshness of breathing at the lower, with a few râles—nothing else.

The operation of paracentesis was then performed by Dr. Addinell Hewson, who tapped between the seventh and eighth ribs, at about the junction of their middle and posterior thirds, which gave the most dependent point for draining. The tapping was done with a trocar, a membrane being stretched over the canula, so that when the trocar was withdrawn, any attempt at inspiration would draw the membrane in, and prevent in that way the introduction of air.

First of all, a valvular incision was made in the integument in the intercostal space below the point where the trocar was entered, then sliding that up, the chest was tapped over the upper

border of the eighth rib. Rhigolene was employed to relieve the patient from the suffering attendant upon the external incision, the most painful part of the operation.

An immense quantity of fluid was obtained.

The valvular incision was closed by two interrupted sutures and adhesive plaster, and a compress and bandage applied.

Editorial Department.

Periscope.

On Carbolic Acid as a Gargle in Diphtheria.

Charles Sedgwick, Esq., Hollingbourn, Maidstone, England, in a communication to the *Medical Times and Gazette*, on carbolic acid in diphtheria, says:

I usually give it in the form of a gargle, but in children, by swabbing the throat out freely with it on a piece of sponge. When the disease has been taken early, I have not failed in a single case, but have lost some where it had gone too far for medical treatment to be of any service. Carbolic acid has a decided effect upon the false membrane thrown out. The following is the form I usually prescribe:

R.	Acidi carbolici,	℥xx.
	Acidi acetici,	f.℥ss.
	Mellis,	℥ij.
	Tinct. myrrhæ,	f.℥ij.
	Aquæ,	q. s. M.

Ut fiat gargarissima, f.℥vj.

The carbolic and acetic acids to be well shaken together, the mel. to be added with the aquæ gradually. With it I usually give tinct. ferri and quinine.

Contraction of Muscular Fibre.

The second part of Professor Rouget's paper, at the French Academy, on muscular contraction, winds up with the following conclusions: 1. The muscles are constituted of fibrils twisted in elastic spirals. The separation and conjunction of the turns of the screw produce the alternate lengthening and shortening, whence the muscular movement results. The shortening takes place exactly in the same manner in muscular contraction and in the persistent rigid condition, improperly termed cadaveric. It ought to be considered as a return of the contractile element toward the condition of repose; for it attains its maximum when the muscle is removed from all exciting cause, and deprived of the influence of the nerves and of nutrition. 2. The tendency to retraction, resulting from the elasticity appertaining to the muscular element, is permanent. During life and the quiet state of the muscle, it is combatted by a tendency to lengthening, of which the energy is proportionate to the nutritive activity, and expires with it. Contraction occurs at a moment when the equilibrium between the two opposing tendencies is destroyed by the suppression of the extending cause. This latter may be momentarily suspended by the action of agents exciting muscular irritability, nervous influx, electricity, heat, shock, etc. 3. The co-efficient of elasticity varies in the living muscle in accord with the different conditions of rest, contraction, and rigidity; these variations modify the form and strength of the contractions. 4. The movement which ceases to produce extension of the muscular spring, at the moment of contraction, shows itself in the shape of elevation of the temperature. Retraction is the effect of the innate and permanent elasticity of the contracted spiral. Extension is produced by a cause of motion, developed in the act of nutrition, and correlative to heat, if it be not heat itself.—*Brit. Med. Journal.*

Treatment of Post Partum Hemorrhage.

A correspondent of the *British Medical Journal*, recommends the application of a stimulant to the internal surface of the uterus in post partum hemorrhage. Accident led him to the use of sal volatile (aromatic spirit of ammonia) and he has employed it frequently, and with success. We quote the following case:

In June 1842, I was attending a patient of very intemperate habits and lax fibre, in her sixth confinement; she had suffered from several miscarriages. The labor was a natural one, free from difficulty; and the placenta was thrown off by the natural efforts of the uterus. This was immediately followed by a very profuse hæmorrhage, which neither external pressure, internal pinchings, nor the copious affusion of cold water, could stop or relieve. I resolved to try the application of some strong stimulant within the uterine cavity, and asked for turpentine. This was not at hand; but a bottle of sal volatile I thought might prove useful. Having prepared a mop, by means of a quill and some soft linen secured to the end, I soaked the linen in the sal volatile, and introduced it quickly into the uterus, moving it about in all directions. This occasioned considerable pain and firm contraction of the uterus, putting an immediate stop to the hæmorrhage. The case progressed favorably, without one untoward symptom. This plan I have since adopted, when needful, with the same satisfactory result.

Quinine in the Treatment of Croup.

Dr. D. W. Williams of Liverpool, communicates the following to the *British Medical Journal* on the use of quinine in croup.

In 1862, I examined the tracheæ of three children who died of croup, and found the mucous membrane covered with a yellowish white substance like gruel (muco-puriform matter), the membrane itself being reddened. A crow-quill could have been passed down the tube without touching the substance which lined its walls. There was nothing like blocking, nothing like tubes of false membranes (lymph), yet my little patient died of slow suffocation.

While thinking of these cases, one of my own children took croup. The usual remedies were

adopted; but in a few hours the result could be but too easily foretold; she was slowly choking. The restlessness and anxiety so well known was great; and I asked myself these questions:—"Is this child dying from inflammation and blocking of the trachea, or from a blood-poison, which manifests itself in local inflammation and spasm?" Inclining to the latter opinion, I gave her a grain of quinine, a large dose for a child twelve months old. In twenty minutes, the relief was surprising; the restlessness, etc., abated. In an hour, a second grain was given, and the child fell asleep, and made an excellent recovery—the quinine being continued in smaller doses. Since this, I have treated several cases in the same way, with similar result. In bronchitis and pneumonia also I find quinine of great value when the distress is out of proportion to the amount of disease.

Nodulated Arteritis.

MM. Kussmaul and Maïer describe a new variety of arterial disease, characterised by circumscribed thickenings of the walls of vessels, commencing with an abundant proliferation of the cells of the middle coat. This *nodulated arteritis* and the muscular paralysis which accompanies it are altogether incurable. Its phenomena are the following:—1. A general paralysis occurs without known cause, and is developed rapidly, with fever, nephritis, and violent muscular pains. 2. This is accompanied by a nodulated peri-arteritis, which, by interrupting the circulation, causes alternate contractions and dilatations of the vessels. 3. The principal diagnostic signs are the rapid development of muscular palsy with loss of contractility and intense pain, the nephritis, the arteritis, and the presence of small arterial nodosities under the skin. 4. When the disease effects the intestinal arteries extensively, it may cause the same changes in the mucous membrane as are produced by embolism. 5. The muscles undergo fatty degeneration, but as long as they have only partly lost contractility, they may recover. 6. In order to restore contractility, the application of induced, and still better, of constant, currents is desirable.—*Lancet.*

The Diagnosis of Ovarian Disease.

M. Béhier showed, the other day, a curious tumor at a meeting of the Academy of Medicine at Paris. It was formed by an enormously dilated kidney, in a woman of sixty-four, where ovarian disease had been supposed to exist. She had been tapped twice, and a chocolate-colored fluid escaped each time. The woman died of erysipelas, which had attacked one of the punctures. On a post mortem examination, the ovaries were found quite sound, and one of the kidneys had been transformed into the enormous sac mentioned above. Two calculi, situated at the junction of the ureter with the bladder, had given rise to this gigantic dilatation. M. Béhier concludes that we should not be in a hurry, in case of doubtful diagnosis, to perform ovariotomy.—*Lancet.*

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. Michael Levy, who, during the Crimean war, was Surgeon-in-chief to the Army of the Orient, has recently published a "Report on the Progress of Military Hygiene." It is in connection with the Exposition, and was written by order of the French Government. A still more distinguished French medical writer, the venerable Brierre de Boismont, whose Rational History of Hallucinations has made his name familiar to the world, has brought out under the title "Esquisses de Medecine Mentale," a biography of Joseph Guislain, who some years ago lectured and wrote on mental pathology at Ghent. Dr. Louis Noirot, who we believe is a reformed homœopathist, has published in Paris the "Report of the Labors of the Committee of Public Health, Council of Coté d' Or, from 1860 to 1866."

In England Cross' "Auvergne, its Thermo-mineral Springs," (4*s.*); Wright's "Uterine Disorders," (7*s.* 6*d.*); the third part of Trousseau's "Lectures on Clinical Medicine;" Dr. Squire "On Unhealthy Skin," (1*s.* 6*d.*), and Morris' "Treaties on Shock after Surgical Operations," (3*s.* 6*d.*), are the latest novelties.

Dr. C. B. Coventry, of Utica, N. J., has published a pamphlet of 18 pages, on "Spotted or Congestive Fever." It was originally prepared to be read before the Medical Society of Oneida County. It contains little original matter. The writer suggests the name "congestive fever" as more correct than "spotted fever," or "cerebro-spinal meningitis."

Dr. A. Metz, of Massillon, Ohio, who occupies the chair of Ophthalmology in Cleveland Charity-Hospital Medical College, is preparing for the press a work on the anatomy and histology of the eye, intending to embrace in it all the many recent discoveries in regard to its minute structure.

One of the most readable pamphlets which have reached us lately, is "The Medical Men of New Jersey, in Essex District, from 1666 to 1866," by Dr. J. Hewey Clark, (Newark, N. J., published for the Author, pp. 104.) Our medical societies should never fail to elect a historian, and collect, while they can, all the memoirs of the past, which throw light on the history of our science. Dr. Clark has performed his duty admirably. He was appointed the historian of the District, and with great pains he has collected a large body of anecdotes and reminis-

cences, interesting not alone to the residents of the district, but to all who love to look at the past of our profession. Would that each of our associations were to follow the example of the Medical Society of Essex County, and would that each were equally fortunate in their choice of a historian.

The graduates of one of our leading medical schools in Philadelphia will remember the remarks of a distinguished and eccentric professor on what he termed "transcendental anatomy." Most probably, like ourselves, they brought away but a foggy notion of what this meant, but we believe that a zealous anatomist and naturalist of Boston can enlighten them. We refer to Dr. BURT G. WILDER. His essay on the "Morphological Value and Relations of the Human Hand," was read before the National Academy of Sciences a year ago, and has recently appeared in the *American Journal of Science*. It is an application of those principles of anatomical relationship which two years ago he most ably developed in a thesis "On Morphology and Teleology, especially in the Limbs of Mammalia," read before the Boston Society of Natural History, and published at the Riverside Press. These views, which deal with the structural relations and functions of the human body in their highest sense, and indicate the marvelous connection of all the parts of the one great plan, which are to anatomy as ordinarily studied, what the calculus is to the multiplication table, have yet a directly practical side, which the same writer has illustrated in a valuable contribution to the *Boston Medical and Surgical Journal* on "Pathological Polarity, or Symmetry in Disease." Dr. WILDER, who during the war was attached to one of the Massachusetts regiments, was also the discoverer of the silk spider, the *nephila plumipes*, found on the shores of South Carolina, on which he has written much of interest from an economic point of view, but it is especially to his profound and suggestive studies in comparative anatomy, almost unique in character, that we would direct the attention of the profession.

Dr. TURNBULL, of this city, has in hand a new edition of his work on "Defective and Impaired Vision," which he will shortly bring out, enriched with much new and valuable matter.

Mr. E. STEIGER, 17 North William St., New York, has sent us his catalogues of German books and periodicals. Those who wish to subscribe for German medical journals can do so through him. His stock of German medical works is, we regret to say, very poor, consisting chiefly of popular publications on medicine, homœopathy, and sexual diseases. Lawyers say that he who defends his own cause has a fool for a client; the epithet may be applied *a fortiori* to the patient who treats himself.

Diarrhœa and Cholera: their Nature, Origin, and Treatment through the Agency of the Nervous System. By JOHN CHAPMAN, M. D., M. R. C. P., etc. Second Edition, enlarged. London: TRÜBNER AND CO., 1866. 1 vol. 8vo, cloth, pp. xix, 248.

Dr. CHAPMAN and his treatment of diseases dependent on the abnormal action of the nervous system by means of heat and cold, especially by the spinal ice bag, are now before the profession on trial of their merits. That he carries his hobby at times to an absurd extent, hardly any one who reads this book can help from suspecting; that it is, when judiciously used, one of the very best means to control vomiting, diarrhœa, and hemorrhages, ever discovered, cannot be denied by any one who has given it an intelligent trial. In our own hands the spinal ice bag has produced results as gratifying as any recorded in the volume before us, and we bear it constantly in mind in the treatment of a large class of disorders indirectly originating from faulty innervation.

In the introduction the author very lucidly explains the physiological grounds on which his method depends. He then devotes about forty pages to the different kinds of diarrhœas and their appropriate treatment, while the rest of the work is taken up with a minute discussion of the symptoms, pathology, causes, and treatment of the Asiatic cholera. To those acquainted with Dr. CHAPMAN'S previous writings it will not be surprising to learn, that on many of these points he is at issue with what we take to be the prevailing sentiment of the medical world. With the experience of the summer of 1866 before him (the preface was written in October,) it is hard to understand how he can deliberately assert that cholera "is not an organic poison; that it does not travel from place to place; that it is not contagious [communicable]; and that international regulations [quarantines, etc.,] are no defence whatever against its attacks." The facts in the book are better than the theories. The former indicate a close, painstaking eye-witness; the latter, an enthusiast. The author's treatment of cholera has in point of fact been no more successful than any other treatment, which is equivalant to saying it had no effect at all upon the disease. Starting with the assumption that

cholera depends on faulty innervation, the ice ought to control it; but as observation goes more and more to show that it arises from an organic poison, the reason of its failure is evident. Restricted to its appropriate sphere the ice bag is an invaluable aid in practice, and to those who would make themselves familiar with it, we commend Dr. Chapman's volume.

Chemistry. By William T. Brande, D. C. L., etc., and Alfred S. Taylor, M. D., etc. *Experimentis et Præceptis.* Second American Edition thoroughly Revised. Philadelphia: Henry C. Lea, 1867. 1 vol., 8vo., cloth, pp. 764.

This very complete work on chemistry, which in its first edition was received with such marked favor by the public, comes to us thoroughly revised and brought up to the latest positions of the science. This labor has devolved upon Dr. Taylor, as his associate Mr. Brande, a scientific veteran, who for more than forty years had been a lecturer in London, died in February of last year.

The ordinary notation is adopted, which is most judicious, as any other nomenclature is more difficult to the beginner, and no more clear when mastered. While numerous additions have been made, they are chiefly of a practical character, and always so condensed that the size of the volume still remains limited enough to have the character of a manual. The absence of illustrations of apparatus is perhaps to be regretted, but they could not have been admitted without largely increasing the bulk and the price. All the important late discoveries are noticed, and the care with which references are given enables the reader to have recourse directly to the original articles when he would further investigate the subjects.

Injuries of the Eye, Orbit, and Eyelids: their immediate and Remote Effects. By George Lawson, F. R. C. S. Eng., Asst. Surg. to the Royal London Ophthalmic Hospital, etc. With Numerous Illustrations. Philadelphia: Henry C. Lea. 1 vol., 8vo., cloth, pp. 408.

This is an eminently practical book, worth buying and reading by every physician. It treats ophthalmic injuries in the most thorough manner, detailing both their primary treatment and their remote effects in a plain practical way, most satisfactory to the reader. The illustrations are good, and are ninety-two in number, greatly assisting the diagnosis of the various deformities mentioned. Numerous cases are recorded, eighty-nine in all, chiefly from the books of the Royal London Ophthalmic Hospital at Moorfield. Nearly twenty thousand patients applied for treatment at this institution last year, which gives an idea of the immense field for practice it affords. The subjects treated of are superficial and penetrating injuries of the eye, traumatic cataract, opacities, foreign bodies within the eye, traumatic intraocular hemorrhage, gunshot injuries, sympathetic ophthalmia, etc. At the end of the book a slightly modified set of Jaeger's test types has been added, and a copious index annexed, which materially enhance the utility of the volume. In treating this delicate and important member, the study of its *injuries* is essential to every physician. Its *diseases* he can refer to the specialist, but to its *wounds* he must be prepared to give at once prompt and enlightened attention.

Transactions of the Indiana State Medical Society, at its Seventeenth Annual Session, held at Indianapolis, May 21st and 22d, 1867. Published for the Society. Indianapolis, 1867. 1 vol., 8vo., paper, pp. 132.

This volume contains some very valuable papers. The President's (Dr. V. Kersey) Address on "Physic and Physicians," is a thoroughly sound and sensible production; and we especially invite attention to his remarks on the mania for starting medical journals, to dwindle a few years through a starved existence, not supported, and unworthy of support. Fewer of them, and of better quality, is what we want.

In an article on the Bile, by Dr. J. F. Hibberd, he sets out to show that the source of this element is the arterial blood, that we know nothing certain of its function than that it does *not* color the fæces, and that the cholagogue power of the mercurials is a fiction. The excellent article by Dr. Weist on Foreign Bodies in the Air Passages, the Reporter has already noticed. An accurate Report on Cholera follows, by Dr. Geo. Sutton, whose conclusions have been given in a previous volume of this journal. Dr. N. S. Haymond, in an article on the collapsed state of the same disease, partakes of the belief that it is connected with an irritation of the great sympathetic. Dr. John Moffett treats of cerebro-spinal meningitis, chiefly from published sources. Dr. D. Clark, apropos of "Female Doctors," gives some sagacious and well-tempered advice, to the effect that they shall be granted "fair opportunities and equal privileges." Dr. R. E. Houghton collects a number of statistics on tracheotomy, showing a mortality of rather over three-fourths, (we notice that he persistently spells Trousseau *Trosseau*); and finally, Dr. H. P. Ayres ends the volume with a judicious article on several epidemics of dysentery in Allen county.

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 14, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

OUR FIELD-HOSPITAL ORGANIZATION.

The adage is musty, that it is better not to know at all than to know wrongly. It was never more clearly exemplified than during our late war. Neither side knew anything of the management of large armies, yet, in a few years, both had effected a discipline superior to any seen in Europe, where the subject is constantly studied, but in the light of old traditions.

In no department is this more conspicuous than in the medical. In several instances, over twenty thousand wounded were taken charge of by the medical corps of the Northern and the Southern armies, and as an eye-witness, we can vouch that it was done in ten times a more effective manner than the Prussian wounded after Königgrätz, 20,000 in number, as described by Dr. JULIUS NAUNDORFF, in his late work, "Under the Red Cross," (Unter dem Rothen Kreuz, Fremnde und eigene Erfahrungen auf böhmischer Erde und der Schlachtfeldern der Neuzeit.)

He states that most of the wounded were left from one to three days on the field, without water, and exposed to the attacks of prowling peasants. Over one thousand perished from this neglect who were not mortally wounded. Hundreds were left in barns and churches with but one medical officer, and he often without bandages, drugs, or instruments. The suffering was incalculable and the disorder complete. Dr. NAUNDORFF recommends earnestly our own system of an ambulance corps under the direction of medical officers. This is a compliment well merited both by the Northern and Southern armies. In some respects, the medical organization of the latter, which throughout was analogous to our old regular army, was superior. All medical officers belonged to the general staff of the Provisional Army of the Confederate States, and could be assigned to staff or regimental, field or general hospital duties. In the Northern armies there were four different classes of medical men, which caused not a little jarring at times. There were the surgeons and assistant surgeons, U.S.A., the surgeons and assistant surgeons, U. S. Vols., the regimental surgeons and assistant surgeons, and the contract physicians and contract staff surgeons, who were not officers, and had no control over enlisted men, (who soon became very well aware of it.)

MEDICAL AGENTS OF RAILWAY COMPANIES.

The *British Medical Journal* very properly condemns those members of the medical profession who act as agents of railway companies in fixing the amount of damages in cases where persons are injured on railways. Its strictures might very properly have been extended so as to embrace the action of these professional agents in the settlement of the claims of surgeons against railway companies for services rendered. We have known cases where the retained medical agents of wealthy and reckless railway corporations have done very great injustice to their medical brethren by their officiousness in these matters.

The remarks of the Journal are based upon an action which was tried in Bristol, (Eng.), before Mr. Justice KEATING.

"The plaintiff, a Mrs. HAND, brought an action against the Midland Railway Company. The accident occurred in 1864; and subsequently she received a visit from Mr. DAY, the surgeon to the Company, who represented to her—no doubt in good faith—that she would soon perfectly recover, and induced her to accept the sum of £211 as compensation on the part of the Company. In 1866 she married, and afterward became much worse. An action was brought during the present year to recover sufficient compensation; and a verdict was returned for £300 damages, in addition to the sum already paid. We regret to see that Mr. DAY, through his conduct, laid himself open to some very harsh, and we must think unjustifiable imputations, on the part of the counsel for the plaintiff. Still, if medical men will deliberately place themselves in such a position, they can only expect that the license of counsel will be allowed to run unbridled on them. Mr. Justice KEATING spoke a wholesome truth when he said, in summing up the case, 'that, as a general rule, it was most objectionable that medical men should be engaged in making compromises. If such a compromise were to be made, it was better it should be in the hands of the professional legal advisers than in those of medical men.' We can only repeat what we have already said again and again, that a medical man goes altogether beyond his duty when he undertakes to act as assessor of damages on the part of a public company, of which he may be the professional adviser."

PRIZE ESSAY.

The Indiana State Medical Society offers a prize of $100 to the physician, resident within the State, "who shall present the best, and an acceptable Essay on 'The Causes, Nature, and Treatment of Cerebro-spinal Meningitis.'" Competitors are to send their essays, accompanied by a sealed letter containing the author's name, to to Dr. J. S. BOBBS, Indianapolis, Ind.

Notes and Comments.

The International Medical Congress.

This body, which met at Paris on the 16th ult., seems to have been more numerously attended than we were led to suppose by the first accounts in the British journals. There seems to have been some disposition on the part of the profession of Great Britain to snub the Congress. The British Medical Association did, finally, appoint *one* delegate—Mr. Ernest Hart, editor of its organ, the *British Medical Journal*—to represent it.

Although it is announced that the medical societies and colleges of the United States of America sent by far the greater number of representatives, we are surprised that our country does not seem to be represented in the roll of officers.

We will postpone a detailed account of the proceedings until we receive the official record.

Sectional Meetings in our Medical Organizations.

At the recent meeting of the British Medical Association in Dublin, the plan was introduced for the first time, of dividing the Association into sections. This plan has for several years been in successful operation in the American Medical Association. At the meeting in Dublin the value of the plan was obvious, though, we judge from a communication from Dr. A. B. Steele, of Liverpool, to the *British Medical Journal*, it is, as yet, far from perfect in its details. When the plan of these sectional meetings is perfected, they cannot fail to facilitate in the highest degree the labors of our medical organizations, and to add to the value and interest of the proceedings. This method of doing business might profitably be extended to our State organizations.

Medical Education in Great Britain.

The Medical Council of Great Britain has recently recommended that no one, henceforward, shall enter the medical profession in either branch, without a competent knowledge of surgery. When the converse of the proposition—that no one shall enter the medical profession in either branch, without a competent knowledge of *medicine*—then the plan of medical instruction will be the same as that in our country. The importance of an acquaintance with the principles of all branches of medical science to both physicians and surgeons, is self-evident, and we are glad to see the spirit of advance indicated by the recommendation of the Medical Council mentioned above.

The Medical Society of West Virginia will hold its first semi-annual session in the Hall of the House of Delegates, in Wheeling, at 10 o'clock, A. M., Wednesday, October 2d, 1867.

Erratum.—In Dr. Sayre's article on Sprains of the Ankle, in the Reporter of Aug. 3d, page 89, at the close of the second paragraph, first column, add the following: "And, generally speaking, the slighter the injury, the greater the danger, from the fact that it is so slight that *no attention* is given to it, whereas, the serious accident is compelled to be attended to, on account of its gravity."

Correspondence.

DOMESTIC.

Compensative Therapeutics in a Case of Skin Disease.

Editors Medical and Surgical Reporter:

At the risk of wearying you with a subject which has already been brought several times to the attention of your readers, I venture to send you the following record of a case, somewhat interesting with regard to the "Compensative therapeutics" therein presented:

On the 20th of August, a patient presented himself to me, affected with well-marked trichophytic disease, occupying the face, hands, and thighs. Thinking this a good opportunity to test the value of several of the different applications recommended in this affection, I distributed them as follows:

For the face, ung. hydrargyri.

For the thighs, tincture of iodine.

For the hands, I prescribed the following formula, which I have seen used with much success, by M. Hardy, at the Hôpital St. Louis (hospital for skin diseases), in Paris, and whose efficacy I have myself had occasion frequently to test, in cases of sycosis, as well as of scabies:

℞.	Sulph. sub.,	gr.xv.	
	Potassæ carb.,	gr.x.	
	Adipis,	℥ss.	M.

Each of these preparations to be applied at night, before going to bed. No general treatment. This treatment was faithfully followed up, the patient very cheerfully consenting to be made the subject of an experiment, and I saw him again on the 30th of the same month. The cheek was still somewhat affected; the hands had entirely healed, and the legs presented but little trace of the parasitic growth—the action of the iodine having been somewhat slower than that of the sulphuro-alkaline ointment. For scabies the

proportions of sulphur and of potassa in the above formula should be doubled. The results I have obtained from it are not, I think, better than those due to the use of the sulphite and bisulphite of soda; and no doubt phenic acid, the preparations of benzole, iodide of sulphur, and perhaps petroleum, would all be equally efficacious; while the inflammatory action supervening in some cases,—especially of sycosis,—necessitates the use, in the first place, of emollients. But the point upon which I wish to lay particular stress is this: that no general, constitutional treatment is necessary in any of these cases. They all yield to local, parasiticide means, such as those indicated above: and generally, one or two applications, well made—and especially if aided by depilation—will suffice to effect a cure.

Wm. B. Drinkard, M. D., M. R. C. S.

Washington, D. C., Sept. 6, 1867.

Tobacco as a Prophylactic in Intermittent Fever.

Editors Medical and Surgical Reporter:

Many of those who reside in districts where intermittent fever prevails, believe that the use of tobacco will effectually protect the system from the effects of malarial poison; they act upon this belief, and the number who attribute their escape from that disease to this cause, precludes the possibility of them all being mere coincidences. I have been assured by a general officer whose well known ability and ample opportunity for observation entitles his opinion to great weight, that he had every confidence in the virtue of tobacco as a prophylactic in intermittent fever.

The writer can do no more than to ask the opinion of the profession upon the subject, and especially request that those who have had the opportunity of testing the claims of tobacco to be recognized as a prophylactic in the above mentioned disease, will be kind enough to give the results of their experience. Who can estimate the beneficence of discoveries which will enable us to spread before our fellow-men the best methods of fortifying themselves against the diseases to which they may be exposed? Whole volumes of truth are condensed in that trite old saying "an ounce of prevention is worth a pound of cure;" and that man whose patient search and careful experiment is rewarded by the finding of any protective mode of life, or any article of the pharmacopoeia which has a right to be therapeutically prophylactic, may well exclaim "exegi monumentum ære perennius."

W. S. King,
Bvt. Col.-Surgeon, U. S. A.

Detroit, Mich., Sept. 1867.

News and Miscellany.

Raid on the Uterus.

A distinguished surgeon in New York City, twenty-five years ago said, when Dupuytren's operation for relaxation of the *sphincter ani* was in vogue, every young man who came from Paris found every other individual's anus too large, and proceeded to pucker it up. The result was that New York anuses looked like gimlet-holes in a piece of pork. It seems to me that just such a raid is being made upon the uterus at this time. It is a harmless, unoffensive little organ, stowed away in a quiet place. Simply a muscular organ, having no function to perform save at certain periods of life, but furnishing a capital field for surgical operations, and is now-a-days subject to all sorts of barbarity from surgeons anxious for notoriety. Had Dame Nature foreseen this, she would have made it iron-clad. What with burning and cauterizing, cutting and slashing, and gouging, and spitting and skewering, and pessarying, the old-fashioned womb will cease to exist, except in history. The *Transactions* of the National Medical Association for 1864 has figured one hundred and twenty-three different kinds of pessaries, embracing every variety, from a simple plug to a patent threshing machine, which can only be worn with the largest hoops. They look like the drawings of turbine water-wheels, or a leaf from a work on entomology. Pessaries, I suppose, are sometimes useful, but there are more than there is any necessity for. I do think that this filling the vaginia with traps, making a Chinese toy-shop of it, is outrageous. Hippocrates said that he would never recommend a pessary to procure abortion—nay, he swore he never would. Were he alive now he would never recommend one at all. If there were fewer abortions there would be fewer pessaries, and if there were fewer pessaries there would be fewer abortions. Our grandmothers never knew they had wombs, only as they were reminded of it by the struggles of a healthy fœtus; which, by the by, they always held on to. Now-a-days, even our young women must have their wombs shored up, and if a baby accidentally gets in by the side of the machinery, and finds a lodgment in the uterus, it may, perchance, have a knitting-needle stuck in its eyes before it has any. It is the easiest thing in the world to introduce a speculum, and pretend to discover ulceration of the os, and subject a patient to this revolting manipulation once or twice a week, when there is, in fact, nothing the matter. By some practitioners, all diseases which occur in the female are attributed to the uterus. In this class are especially to be included all such as make of the abnormal conditions of the uterus a specialty.—*From Address of Dr. W. D. Buck, President of New Hampshire State Medical Society for* 1866.

—— As an indication of the mortality from yellow fever and cholera in the West and South, is the fact that within the month nine regular surgeons have died. This is nearly equal to the average yearly mortality of the army lists.

Mr. Hoff and the New York Academy of Medicine.

At a late meeting of the Academy of Medicine the following resolutions were unanimously adopted:

Whereas, W. L Hoff, proprietor or agent of the "*Hoff Malt Extract*," is issuing publications through the secular papers, and by means of pamphlets and circulars professing to quote favorable opinions expressed in a report of a committee of the Academy;

And, *whereas*, the said Hoff is widely circulating a letter purporting to have been written by a Fellow of the Academy;

And, *whereas*, the publications of said Hoff are so adroitly and designedly worded as to impress the mind of the reader with the belief that the Academy has endorsed his nostrum, and has thus apparently compromised its dignity and professional standing; therefore,

Resolved, That the New York Academy of Medicine does hereby proclaim and declare that it has not expressed any opinion in regard to "Hoff's Malt Extract," and that any and every use of its name in recommending said Extract is unauthorized by the Academy.

Resolved, That a copy of the above preamble and resolutions be sent to the medical journals of this city, and that the medical journals throughout the country be requested to copy the same, in justice to the Academy and the profession.

Deodorants.

For many purposes dry clay is not only the cheapest but the best deodorant. I tried nearly everything in a privy, and only succeeded by using occasionally small quantities of dry clay loam. I took equal quantities of old putrid urine, and mixed severally with clay, sulphate lime, animal charcoal, and wood charcoal. After a few hours the clay mixture alone was fully devoid of odor. It *destroys* or *absorbs* the foul odors, instead of partially overcoming them by substituting chlorine or coal tar in their place.

The presence of clay has a great influence upon the health of communities. I have known many cases of typhoid fever and dysentery in this vicinity within a few years, nearly every one of which has been on a sandy or alluvial soil Where the water used has filtered through a clay soil, there has hardly been a case of these diseases.

There is another advantage in the country in using clay for privies. The removal of the contents is no longer a disgusting operation, while the farmer or gardener has a valuable supply of fertilizing material for his grounds.

I believe that clay would be an excellent application to foul ulcers and other discharging sores. —H. A. Sheldon, *Middlebury, Vt.*

—— It is stated that Dr. Carter, a well-known surgeon of Indianapolis, pricked his thumb during the post-mortem examination of an hydrophobia subject, recently, and "put himself under the influence of whisky" for one day, coming out rather headachy, but otherwise all right. The effects were very much like a big drunk.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Baldwin—Saunders.—At Mendham, N. J., on the 3d inst., by Rev. Dr. Saunders, of Philadelphia, S. C. Baldwin, M. D., and Mary P., daughter of Henry C. Saunders, Esq

Boyd—Crookshanks.—Aug. 22d, 1867, by the Rev. Jas. Blair, James B. Boyd, of Knox county, Tennessee, and Miss Jennie, daughter of Dr. G. M. Crookshanks, late of Dandridge, Tennessee.

Fowler—Smith.—Sept. 4 at Trinity Chapel, by the Rev. Dr. Stephen H. Tyng, Edward P. Fowler, M.D., and Augusta, youngest daughter of the late N. H. Smith, Esq., all of New York city.

Leale—Copeutt.—On Tuesday, Sept. 3, at the residence of the bride's father, Yonkers, N. Y., by the Rev. Dr. Carter, Dr. Charles A. Leale, of New York, and Rebecca M., second daughter of Mr. John Copeutt.

Leech—Wolford.—Aug. 25, by Rev. J. Braden, at his residence at Fairmount, Dr. W. C. Leech, of Cincinnati, and Miss Minnie Wolford, of Marion, Ohio.

DIED.

Archer.—In Brooklyn, on Sunday, Sept. 8, Willie Boole Leslie Archer, only son of Dr. H. A. and Harriet A. Archer, aged 5 years and 7 months.

Burton.—In Topsham, Vt., recently, Dr. Levi Burton.

Smith.—At Galveston, Texas, on Aug. 17th, Harry Clay Smith, of yellow fever, son of Dr. Robert K. Smith, of this city.

Smith.—At Galveston, Texas, of yellow fever, Aug. 22, Sallie B. Smith, wife of Dr. Robert K. Smith, of this city.

ANSWERS TO CORRESPONDENTS.

Dr. L. T., U. S. N.—Jones' Ophthalmic Medicine and Surgery cost $3.25.

Dr. P. R. W., Pa.—To form a Medical Society the physicians of a town or county should assemble and go through the usual parliamentary forms of framing a Constitution and electing officers. The Corresponding Secretary, as soon as appointed, should notify the permanent Secretary of the State Medical Society (Dr. Wm. B. Atkinson, No. 215 Spruce St., Phila.), of their action sending a list of the members and officers, and their addresses. They will then be entitled to send delegates to the State Medical Society and the American Medical Association, to the number specified in the Reporter of Aug. 10, p. 74.

Dr. J. K. M., of Pa.—Your Reporter is regularly forwarded. We do not know why you do not receive it.

Dr. W. H. B., of Pa.—Ear trumpets vary in price from $2.00 to $7.00.

Dr. H. W. B., of Tenn.—"Why are not twins born as the general rule, and one as the exception? There is I suppose an ovule cast out from each ovary at each menstrual period." We believe the latest observation throws doubt upon this supposition. Ovules are matured when no menstrual show appears, and it is probably rarely that a synchronous maturation of ovules takes place.

Dr. J. B. R. P., of Md.—In the formula of Parrish "Curacao bark (bitter orange) ℥i." we understand the peel of the Seville orange to be meant. At any rate this is what is used to flavor the *liqueur* of that name. Clinical thermometers cost $3 50.

Dr. F. A. W., Ills.—Globular pessary sent on the 6th.

METEOROLOGY.

August,	26,	27,	28,	29,	30,	31.	1,
Wind	N W.	N. E.	S. W.	S. W.	N. W.	S.	N.
Weather	Clear.	Cl'dy. Sh'r.	Clear. H'vy Fog Sh r.	Cl'dy. Rain.	Clear.	Clear.	Clear.
Depth Rain			1-10				
Thermometer.							
Minimum	60°	61°	5[illegible]°	68°	58°	50°	52°
At 8, A. M.	68	69	70	69	65	62	69
At 12, M.	77	80	80	74	70	70	72
At 3, P. M.	78	81	80	69	70	69	74
Mean	70 75	72.75	72.25	70.	65.75	62.75	66.75
Barometer.							
At 12, M.	30.3	30.2	30.	29.9	30.2	30.3	29.9

Germantown, Pa. B. J. Leedom.